

## Summary Notification Form: New Exposures

### Instructions for Reporting New Exposures

Please enter summary information about exposures occurring **ONLY** since the last update. Contact your emergency response coordinator for additional instructions.

Remember to save the record before exiting the form.

### NNDSS Event Code

### Date of Update

☐ AM☐ PM

### Jurisdiction

State

State FIPS Code

County

County FIPS Code

### Exposures: This Reporting Period

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High Risk: Identified

Moderate Risk: Identified

Low Risk: Identified

**Exposed: Identified**

High Risk: Traced

Moderate Risk: Traced

Low Risk: Traced

**Exposed: Traced**

### Occupationally Attributed Exposures: This Reporting Period

**Link to  
NIOSH**

High Risk

Moderate Risk

Low Risk

**Occupational Exposures**

### Post-Exposure Prevention (PEP) Strategies: This Reporting Period

Received Vaccine

Accepted Meds

**Exposed: Receiving PEP**

**Quarantined**

**Refused PEP**

### Information: Automatic Calculations

Totals are automatically calculated if there are numbers in the sub-categories. If any of these are unknown, please manually enter totals. Note that for PEP strategies, Numbers quarantined are not included in automatic calculations.

### Outcome of Exposed: This Reporting Period

Developed Symptoms

Asymptomatic, Released

Lost to Follow-Up

**Removed from Observation**

### Please Validate This Information

Invalid Fields? To change, return to fields.

☐ Code on this page has been validated.

**Enter Another  
Exposures  
Summary**